

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Bruce Bobofchak

Mailing Address 929 W Carl Sandburg Dr.

City State Zip Code
 Galesburg IL 61401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Western Illinois OMS LTD

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

01 / 14 / 2016

Transaction ID : SA11AI.28511

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

B. Christopher Burns

Mailing Address 8170 Oaklondon Rd
 Suite B

City State Zip Code
 Indianapolis IN 46236

FEC ID number of contributing
federal political committee.

C

Name of Employer

Geist Oral & Facial Surgery

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 21 / 2016

Transaction ID : SA11AI.28512

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mary Carter Robinson

Mailing Address 6201 Greenbelt Rd
 Ste M1

City State Zip Code
 Berwyn Heights MD 20740

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Oral Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 28 / 2016

Transaction ID : SA11AI.28513

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

875.00

TOTAL This Period (last page this line number only)..... ►